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SERIAL NUMBER 10/665,735	FILING DATE 09/18/2003  RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 200.1113CON2
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/815,162 03/22/2001 PAT 6,627,635  
 which is a CON of 09/218,663 12/22/1998 PAT 6,228,863  
 which claims benefit of 60/068,479 12/22/1997

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/10/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>KEW</u> Initials	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
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TITLE  
 Method of preventing abuse of opioid dosage forms

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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